

Local Labor Unions' Positions on Worksite Tobacco Control

ABSTRACT

Objectives. This report describes local unions' positions on tobacco control initiatives and factors related to these positions.

Methods. A national random sample of local union leaders was surveyed by telephone.

Results. Forty-eight percent of local unions supported worksite smoking bans or restrictions, and only 8% opposed both a ban and a restriction.

Conclusions. Support for tobacco control initiatives among local unions was higher than might be expected on the basis of previous evidence. Engaging unions in smoking policy formation is likely to contribute to the larger public health goal of reducing smoking and exposure to secondhand smoke among workers. (*Am J Public Health.* 2000;90:618–620)

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Organized labor represents an important untapped resource for supporting tobacco control efforts for blue-collar and service workers, among whom smoking prevalence remains high.¹ Unionization rates are higher for blue-collar workers than for workers overall,² and roughly half of private sector employment is in worksites where a majority of employees are unionized.³ Thus, organized labor has the potential to influence the smoking habits of large numbers of workers, particularly those among whom smoking prevalence remains high.

Despite their potential for an influential role, many unions have apparently remained on the sidelines of worksite tobacco control policies. However, no systematic study has previously examined labor's positions on worksite tobacco control initiatives. In this brief we report the results of the first nationwide survey of a random sample of local unions, designed to assess labor's positions on worksite smoking policies.

Methods

A cross-sectional telephone survey of a national random sample of local union leaders was conducted in early to mid-1995. The sampling frame for this survey included 15 000 local unions listed in the yellow pages and business white pages nationally. From a random sample of 900 labor organizations, 787 were defined as eligible by their report that they "bargain collectively for [their] members with employers." The response rate was 73.3% (n=577).

Results

Of the 577 unions surveyed, 569 had complete data on the union's position on worksite tobacco control policies; these included 85 (15%) that supported a complete ban on smoking within all workplace buildings, 188 (33%) that supported the restriction of smoking to designated smoking areas at the workplace but not a complete ban, 249 (44%) that took no position on a ban or restrictions, and 47 (8%) that opposed a ban or restrictions. A union's position on worksite smoking policies was associated with other characteristics of the union, as shown in Table 1.

When support of a ban and support of restrictions were taken together, unions representing public administration/public sector workers were most likely to support either a ban or restrictions (68%) and construction unions were least likely to support either (28%). In a multiple logistic regression analysis, when construction unions were used as a basis for comparison, the odds of supporting a ban or restrictions were 5.7 times greater for public administration/public sector unions, 3.8 times greater for both manufacturing and transportation unions, and only 2.5 times greater for retail and services unions. The association of type of industry and support for smoking policies was reduced slightly but remained statistically significant when union characteristics were controlled for. A union's position on worksite smoking policies was also associated with other actions the union took on tobacco control, as shown in Table 2.

On the basis of logistic regression analysis, 4 indices were significantly associated with the unions' positions on worksite smoking policies. The relative odds of supporting a ban or restrictions increased with increasing union agreement that smoking is an important health and safety issue (odds ratio [OR]=1.30) and with increasing union agreement that unions should take an active role in tobacco control issues (OR=1.41). In contrast, the relative odds of supporting a ban or restrictions decreased with increasing union agreement that unions should take a laissez-faire position toward tobacco control at the workplace (OR=0.88). When the 4 factors were considered together in the logistic

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TABLE 1—Position of Local Unions on Worksite Tobacco Control Policies and Union Characteristics

Union Characteristic	Total Sample (n = 569)	Supports Ban (n = 85)	Supports Restrictions (n = 188)	No Position (n = 249)	Opposes Policies (n = 47)	P
Median membership size, n	500	410	550	489	450	NS ^a
Union represents members at						
1 worksite, %	29	36	38	21	24	.001 ^b
2 or more worksites, %	71	64	62	79	76	
Blue-collar, median %	98	93	98	100	98	.02 ^a
Works indoors, median %	80	90	90	67	90	.001 ^a
Estimated membership smoking prevalence, mean %	35	25	36	37	37	.001 ^c

^aP value for Kruskal–Wallis 1-way ANOVA.^bP value for χ^2 test of homogeneity.^cP value for 1-way ANOVA.**TABLE 2—Position of Local Unions on Worksite Tobacco Policies and Other Union Support for Tobacco Control**

	Supports Ban (n = 85)	Supports Restrictions (n = 188)	No Position (n = 248)	Opposes Policies (n = 46)	Total Sample (n = 56)	P ^a
Current smoking restrictions at local union offices/meetings						
Restrictions at both, %	67	32	34	11	35	.001
No restrictions, %	19	38	45	67	40	
Smoking cessation assistance						
Provides materials and/or reduces insurance rate, %	38	44	28	36	35	.004
No assistance, %	62	56	72	64	65	
Union strongly agrees with OSHA indoor air quality standards, %	65	51	25	19	40	.001

Note. OSHA = Occupational Safety and Health Administration.

^aP values from χ^2 test of association.

regression analysis, the odds ratios changed very little. The one exception was for union concern about smoking and secondhand smoke, for which the association with a union's position was no longer significant (OR=1.04).

Discussion

This study represents the first systematic assessment of organized labor's positions on worksite tobacco control policies. Support for tobacco control initiatives among local unions was higher than might be expected on the basis of previous anecdotal evidence and surveys of limited industries.^{4,5} Nearly half of the local unions surveyed supported worksite smoking bans or restrictions, and only 8% actively opposed worksite tobacco control policies. In addition, 60% restricted smoking either in their own union offices or in meetings.

Nonetheless, unions do not speak with one voice on this issue. Public sector unions were most likely to support smoking policies.

Members face a range of working conditions that may shape the union's stance, including whether they work outside and the structure of the work environment. Unions also face the challenge of reconciling smokers' and nonsmokers' needs on this potentially divisive issue. Indeed, 67% reported that they thought smoking policies placed the union in a "no-win" position between members who smoke and those who do not. In contrast, other unions voiced concern that labor needs to play an active role in worksite policies. In this survey, 32% of local union leaders believed that "unions should take the lead in worksite smoking policies." Concern about smoking and secondhand smoke as a health and safety issue was a significant correlate of a union's position on worksite tobacco control policies. In addition, other occupational health and safety issues and indoor air quality concerns continue to be a high priority for many unions. While 63% of respondents agreed that "smoking policies should be a part of an overall effort to address indoor air pollution," 59% agreed that "secondhand smoke is a minor problem compared with

other occupational hazards where [their] members work." The "zero-tolerance" approach to exposure to environmental tobacco smoke underlying complete smoking bans may need to be applied uniformly across occupational exposures to secure the support of some union officials for banning smoking at the worksite.

It must be noted that the sampling frame used for this study did not include all local unions in the United States, because no such list was available. It is possible that smaller unions were underrepresented in this sample. Nonetheless, the 73% response rate suggests that respondents were fairly likely to be representative of the unions sampled. Also, members' smoking prevalence was estimated by respondents and is probably subject to error.

In conclusion, these results support the potential influence of organized labor on the development and initiation of worksite smoking policies. As local communities and states develop worksite smoking ordinances and legislation, public health professionals may find unexpected allies among many in the

labor movement. Convincing union officials and members of the health hazards associated with smoking, and with environmental tobacco smoke in particular, will be an important step in gaining union support for smoking policies and can be facilitated by an understanding of the issues unions face regarding smoking. Union participation in policy adoption and implementation may result in enhanced acceptance of policies by blue-collar and pink-collar workers and improved implementation of these policies, and it is likely to contribute to the larger public health goal of reducing smoking and exposure to second-hand smoke among workers. □

Contributors

G. Sorensen planned the study with the help of her collaborators, drafted the paper, and incorporated suggestions from the other coauthors into the final drafts. A. M. Stoddard contributed to the study design, planned and directed the data analyses, and wrote drafts of the Results section. R. Youngstrom

contributed to the study design, provided information on labor unions, managed data collection activities, and assisted in the interpretation of the results. K. Emmons contributed to the study design and interpretation of the results. E. Barbeau contributed to the writing of the paper and the interpretation of the results. F. Khorasanizadeh conducted the data analyses and contributed to the writing of the paper. C. Levenstein contributed to the study design, the conceptualization of the data collection instrument, and the interpretation of the results.

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